PREVAILED	Roll Call No
FAILED	Ayes
WITHDRAWN	Noes
RULED OUT OF ORDER	

HOUSE MOTION

MR. SPEAKER:

I move that Engrossed Senate Bill 86 be amended to read as follows:

1	Page 3, between lines 38 and 39, begin a new paragraph and insert:
2	"SECTION 2. IC 16-21-2-5 IS AMENDED TO READ AS
3	FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 5. The governing board
4	of the hospital is the supreme authority in the hospital and is
5	responsible for the following:
6	(1) The management, operation, and control of the hospital.
7	(2) The appointment, reappointment, and assignment of privileges
8	to:
9	(A) members of the medical staff; and
10	(B) certified direct entry midwives;
11	with the advice and recommendations of the medical staff,
12	consistent with the individual training, experience, and other
13	qualifications of the medical staff or certified direct entry
14	midwife.
15	(3) Establishing requirements for appointments to and continued
16	service on the hospital's medical staff or as a certified direct
17	entry midwife, consistent with the appointee's individual
18	training, experience, and other qualifications, including the
19	following requirements:
20	(A) Proof that a medical staff member or certified direct
21	entry midwife has qualified as a health care provider under
22	IC 16-18-2-163(a).
23	(B) The performance of patient care and related duties in a
24	manner that is not disruptive to the delivery of quality medical

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1 care in the hospital setting. 2 (C) Standards of quality medical care that recognize the 3 efficient and effective utilization of hospital resources, 4 developed by the medical staff. 5 (4) Upon recommendation of the medical staff, establishing 6 protocols within the requirements of this chapter and 410 7 IAC 15-1.2-1 for the admission, treatment, and care of patients 8 with extended lengths of stay. 9 SECTION 3. IC 16-21-2-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 6. (a) The governing 10 11 board shall report, in writing, to the Indiana medical licensing board the results and circumstances of a final, a substantive, and an adverse 12 13 disciplinary action taken by the governing board regarding: 14 (1) a physician on the medical staff; or 15 (2) an applicant for the medical staff; or (3) a certified direct entry midwife; 16 17 if the action results in voluntary or involuntary resignation, termination, 18 nonappointment, revocation, or significant reduction of clinical 19 privileges or staff membership. The report shall not be made for 20 nondisciplinary resignations or for minor disciplinary action. 21 (b) The governing board and the governing board's employees, agents, consultants, and attorneys have absolute immunity from civil 22 23 liability for communications, discussions, actions taken, and reports 2.4 made concerning disciplinary action or investigation taken or 25 contemplated if the reports or actions are made in good faith and 26 without malice. 27 SECTION 4. IC 16-22-3-1 IS AMENDED TO READ AS 28 FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 1. (a) The governing 29 board is the supreme authority in a hospital and is responsible for the 30 management, control, and operation of the hospital. The board has the powers and duties set forth in this chapter. 31 32 (b) The governing board has the powers granted to boards of 33 nonprofit corporations under IC 23-17, including the powers to: 34 (1) join or sponsor membership in organizations and associations 35 that benefit hospitals; (2) enter into partnerships and joint ventures; 36 37 (3) incorporate other corporations; and (4) offer to the general public products and services of any 38 39 organization, association, partnership, or corporation described 40 under this subsection; 41 except to the extent the powers are inconsistent with this article or are 42 specifically prohibited by law. 43 (c) In construing subsection (b), the existence of the authority or a 44 power shall be determined in favor of the hospital if generally 45 authorized or existing under IC 23-17. A resolution of the governing

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board is presumptive evidence of the existence of the hospital's power

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1 under IC 23-17. 2 (d) The governing board may appoint and specify the privileges of 3 the medical staff, with the advice and recommendations of the medical 4 staff in accordance with section 9 of this chapter. The medical staff is 5 responsible to the board for the clinical and scientific work of the 6 hospital and shall advise the board regarding professional problems and 7 policies. 8 SECTION 5. IC 16-22-3-9 IS AMENDED TO READ AS 9 FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 9. (a) The governing board may determine appointments and reappointments: 10 11 (1) to the medical staff and delineate privileges of the members 12 of the medical staff; and 13 (2) as a certified direct entry midwife and delineate privileges 14 of the certified direct entry midwife. 15 (b) All licensed physicians are eligible for membership on the 16 medical staff of the hospital, but the board may establish and enforce 17 reasonable standards and rules concerning the qualifications for the 18 19 (1) Admission to the medical staff. 20 (2) Practice in the hospital. 21 (3) Retention of membership. (4) The granting of medical staff privileges within the hospital. 22 (5) The granting of clinical privileges within the hospital to a 23 2.4 certified direct entry midwife and the certified direct entry 25 midwife's practice in the hospital. (c) The standards and rules described in subsection (b) may not 26 27 discriminate against a licensed physician of any school of medicine but 28 may, in the interest of good patient care, consider the applicant's 29 postgraduate medical education, training, experience, and other facts 30 concerning the applicant that may affect the physician's professional 31 competence. The rules may include a requirement for the following: 32 (1) The submission of proof that a medical staff member or 33 certified direct entry midwife has qualified as a health care 34 provider under IC 16-18-2-163. 35 (2) The performance of patient care and related duties in a manner 36 that is not disruptive to the delivery of quality medical care in the 37 hospital setting. (3) Standards of quality medical care that recognize the efficient 38 39 and effective utilization of hospital resources as developed by the 40 medical staff. 41 (d) The medical staff shall originate and the board must approve 42 bylaws and rules for self-government. The bylaws must provide for a 43 hearing for a physician whose medical staff membership the medical 44 staff has recommended for termination.".

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Page 25, line 12, after "individual" insert ":

(A)".

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1	Page 25, line 13, delete "." and insert ";
2	(B) has clinical privileges at a hospital located:
3	(i) in the county; or
4	(ii) in a county adjacent to the county;
5	in which the individual engages in the practice of
6	midwifery; and
7	(C) notifies each client, before accepting the client for
8	midwifery care, of the location of the hospital:
9	(i) at which the individual has privileges; and
10	(ii) where the client may receive follow-up care by the
11	individual if complications arise.".
12	Renumber all SECTIONS consecutively.
	(Reference is to ESB 86 as printed April 10, 2009.)

Representative Fry

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